



Mason County  
Public Utility District No. 1

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Electrical  
Contractor  
Pre-Qualification  
Application Packet  
2023



# Pre-Qualification Application Checklist 2023

To apply for pre-qualification of utility type work for Mason County PUD No. 1, submit your completed application forms and the required documentation as instructed below. Applications for pre-qualification must be received by 4:30 p.m. on January 20, 2023, to be included in the bidding for projects anticipated for advertisement in 2023. A Pre-qualified contractor list will be published by January 31st, 2023 on the District's website.

Applications for Pre-Qualifications are necessary only if a company wishes to bid on this work involving construction or improvements of fiber optic cable aerial construction, utility pole replacement, transfer of live electric lines, and potentially the transfer of existing telecom attachments. Contractors seeking designation as a pre-qualified bidder with Mason PUD 1 shall submit the following Pre-Qualification Application along with the additional information listed below. Pr-qualification of contractors will be in accordance with RCW 54.04.085.

Pre-qualified contractors from 2022 will not carry into 2023's pre-qualification list and will be required to resubmit the application for 2023. Contractors wishing to be placed on the Mason PUD 1 Small Works Roster to bid on non-electrical public works projects must register through MRSC Rosters at [www.mrscrosters.org](http://www.mrscrosters.org) and select Mason PUD 1 in your account.

\*All invitations to Bid/Quote will be sent via e-mail in PDF format.

## LIST OF DOCUMENTS TO SUBMIT FOR PRE-QUALIFICATION:

- Completed application (notary required).
- Letter from bonding company specifying your maximum per project and aggregate bonding capacity in dollars.
- A copy of your certificate of registration in the State of Washington.
- A copy of your last fiscal year's balance sheet.
- A list of recent electric utility clients for references for each classification of work that the application is interested in and is qualified to perform (see page 4 for classifications), include name of contact person, company, location, current phone number, and detailed description of project.
- A company history or resume, including a list of supervisory personnel, number and type of craftsmen available and routinely employed, and a list of available equipment.
- A current Certificate of Liability Insurance naming Mason County PUD No. 1 as an additional insured. The certificate should include the types and amounts of coverage of the applicant.

Applications may be submitted by email to [jamesr@mason-pud1.org](mailto:jamesr@mason-pud1.org). Please include " Pre-Application Checklist" in the subject line. The submittal date will be the date of email receipt. A hard copy notarized Affidavit of the Pre-qualified Application Electrical Contractor form **must** be received at the address below by 4:30 p.m. on January 31, 2023. The application will not be considered complete until receipt of the hard copy of the affidavit. Mason County PUD No. 1 is not responsible for electronic transmission errors or delay in mail services.

**Mason County PUD No. 1**  
**Attn: Engineering Manager**  
**21971 N. Hwy 101**  
**Shelton, WA 98584**



# Pre-Qualification Application

## BUSINESS INFORMATION

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Year Firm Established: \_\_\_\_\_

## BUSINESS TYPE INFORMATION

Business Type: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

Address of Registered Agent: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Name of Officer of Corporation: \_\_\_\_\_

Address of Officer: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Name of Officer of Corporation: \_\_\_\_\_

Address of Officer: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Length of Service with Corporation: \_\_\_\_\_ Authorized to sign contract?  Yes  No

Name of Officer of Corporation: \_\_\_\_\_

Address of Officer: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Length of Service with Corporation: \_\_\_\_\_ Authorized to sign contract?  Yes  No

Is your company a subsidiary? If yes, please enter information regarding the parent company below.

Parent Company Name: \_\_\_\_\_ Parent Company State of Incorporation: \_\_\_\_\_

Name of Parent Registered Agent: \_\_\_\_\_

Address of Parent Registered Agent: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Name of Parent Company Officer of Corporation: \_\_\_\_\_

Address of Officer: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Length of Service with Corporation: \_\_\_\_\_ Authorized to sign contract?  Yes  No

# PREQUALIFIED CLASSIFICATIONS for Electrical Work

Insurance requirements may be modified for these classifications in the specification portion of the Public Works Request for Bid. For all non-electrical public works projects work under this application, the current prevailing wage rates for such Work shall be the current and prevailing wage rates.

**INSTRUCTIONS:** On the following list, check each classification of work that the applicant is interested in and qualified to perform and the years that the applicant has performed work in that classification. Contractor doesn't need to include all classes to be considered.

- 1- HIGH VOLTAGE DISTRIBUTION-**  
Includes 15kV and 25kV, 600 volt secondary, overhead and underground construction, HOT work  
Number of years performed work: \_\_\_\_\_
- 2- HIGH VOLTAGE TRANSMISSION-**  
Includes all phases of 69kV, 115kV, and 230kV overhead and underground construction  
Number of years performed work: \_\_\_\_\_
- 3- HIGH VOLTAGE SUBSTATION-**  
Includes all phases of 69kV, 115kV and 230kV substation construction and maintenance  
Number of years performed work: \_\_\_\_\_
- 4- FIBER OPTIC-**  
Includes installation, splicing, and testing of overhead and underground fiber optic cable  
Number of years performed work: \_\_\_\_\_
- 5- TELECOM - Includes transfer of existing telecom attachments-**  
Number of years performed work: \_\_\_\_\_
- 6- STREET LIGHTING-**  
Includes installation and maintenance-  
Number of years performed work: \_\_\_\_\_
- 7- POLE TREATMENT, REPLACEMENT AND INSPECTION-**  
Number of years performed work: \_\_\_\_\_
- 8- TREE TRIMMING AND DANGER TREE REMOVAL-**  
Includes brush clearing, mowing, pruning, and tree removal along overhead electrical transmission, distribution lines and along fiber optic lines. Proper arboriculture pruning methods are required following ANSI A300 Part 1.  
Number of years performed work: \_\_\_\_\_
- 9- STORM AND EMERGENCY RESPONSE (Night and Weekend Possible)-**  
Number of years performed work: \_\_\_\_\_
- 10- SUBSTATION EQUIPMENT AND PROTECTIVE RELAY TESTING-**  
Number of years performed work: \_\_\_\_\_
- 11- MISCELLANEOUS-**  
List any class not covered above: \_\_\_\_\_  
Number of years performed work: \_\_\_\_\_

CLIENT REFERENCES

Provide at least three (3) project owners for whom you have performed work in the classification categories for which application is made in the last two (2) years. Attached additional pages with your application, if necessary.

Classification No. \_\_\_ Title: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Detailed Project Description:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Detailed Project Description:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Detailed Project Description:

Classification No. \_\_\_ Title : \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Detailed Project Description:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Detailed Project Description:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Detailed Project Description:

FINANCIAL INFORMATION-financial reference

What is the maximum dollar amount of work (in US dollars), which you are capable of undertaking: \_\_\_\_\_

Applicant's Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bonding Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bonding Capacity Per Job (\$): \_\_\_\_\_ Bonding Capacity Aggregate (\$): \_\_\_\_\_

Date of Last Bond: \_\_\_\_\_ Amount of Last Bond: \_\_\_\_\_

Number of Years with Current Surety: \_\_\_\_\_

Has your firm or any affiliated firm ever had your work completed or supported by a surety in the last five (5) years?  Yes  No

If YES, please explain:

LICENSE INFORMATION

WA State Contractor License Registration No. ([RCW 18.27](#)): \_\_\_\_\_

WA State L&I Employer Account ID ([RCW 51](#)): \_\_\_\_\_

WA State Employment Security Account No. ([RCW 50](#)): \_\_\_\_\_

WA State Unified Business Identifier No. ([RCW 50.12.070](#)): \_\_\_\_\_

WA State Excise Tax Registration No. ([RCW 82](#)): \_\_\_\_\_

AFFIRMATION/ACKNOWLEDGEMENT

Affirm that applicant will pay wages and benefits according to the Prevailing Wage laws of Washington State.  Yes  No

Affirm that applicant will comply with government regulations regarding non-discrimination employment practices and applicant shall also abide by the Drug-Free Workplace Act of 1988.  Yes  No

Affirm that applicant agrees to perform all work in a safe and efficient manner which complies with all applicable labor and safety laws and regulations.  Yes  No

Affirm that applicant has not been disqualified from bidding on any public works contracts under RCW [39.06.010](#) or [39.12.065](#).  Yes  No

Affirm that applicant has completed the contractor training requirements under [RCW 39.04.350](#) and [39.06.020](#).  Yes  No

Affirm that applicant is a registered contractor under the provisions of [RCW 18.27](#) and has paid all current fees to Washington State.  Yes  No

Applicant recognizes and agrees that under the provisions of RCW 54.04.080, the District has the right to reconsider or re-evaluate the pre-qualification status of applicant at any time for any reason at the sole judgement of the District's Commissioners.  Yes  No

AFFIDAVIT OF PREQUALIFIED BIDDER

I, the undersigned, do hereby certify that I am the \_\_\_\_\_ of \_\_\_\_\_ a pre-qualified bidder for specific work for Mason County PUD No. 1 that all of the information furnished in this application is true and in full force and effect. I understand that for all public works projects, the current prevailing wage rates for such work shall be the current and prevailing wage rates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY (Required)

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

On this day, I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington,  
Residing in \_\_\_\_\_  
My commission expires \_\_\_\_\_



# Mason County PUD No. 1 Safety Questionnaire

\_\_\_\_\_  
Name of Company

#1 Please use your (2022) OSHA 300 Log to complete the following information:

Number of non-disabling accidents \_\_\_\_\_  
 Number of lost workday accidents \_\_\_\_\_  
 Number of fatalities \_\_\_\_\_  
 Your company's lost time incident rate \_\_\_\_\_

#2 Average number of employees in your company last year \_\_\_\_\_  
 Highest number of employees at any one time last year \_\_\_\_\_  
 Employee man hours worked last year \_\_\_\_\_ Hours

#3 Please list your company's Worker's Compensation Experience Modification Rate for the most recent three years:  
 2022 \_\_\_\_\_  
 2021 \_\_\_\_\_  
 2020 \_\_\_\_\_

#4	Does your company have an accident prevention program/manual that includes an emergency action plan?*	Yes	
		No	
	If so, is it project or site specific?	Project	
		Site	

#5 The following questions address your safety program\*:

Does your company have a formal policy concerning safety?	Yes	
	No	
If requested may we obtain a copy of the policy?	Yes	
	No	
Does your company have safety person / officer?	Yes	
	No	
If so, where is this person located on site or at corporate office?	On site	
	Office	
What percentage of the time does this person spend on safety?		%
Does your company conduct on-site safety inspections?	Yes	
	No	
If so, how often?		/ mo
Does your company hold craft "tool box" safety meetings?	Yes	
	No	
If so, how often are they held?		/ mo

\*If answer is "No" for any of the above, please explain (attach additional sheets if needed)





# Mason County PUD No. 1 Safety Questionnaire

\_\_\_\_\_  
Name of Company

#6 The following questions concern your corporate training & programs\*:

Does your company have an orientation program for new hires?

Yes	
No	

Do you have a training program for newly hired or promoted foremen?

Yes	
No	

Are your employees trained in First Aid and CPR?

Yes	
No	

How often is updated training offered?

\_\_\_\_\_  
Year(s)

What percentage of employees are trained?

\_\_\_\_\_  
%

Do you have a written program for bloodborne pathogens?

Yes	
No	

If so, who is responsible for training?

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone # \_\_\_\_\_

Do you have a substance abuse program?

Yes	
No	

Does your company conduct drug testing?

Yes	
No	

#7 Do all employees have a valid driver license and a Commercial driver license, when required?

Yes	
No	

\*If answer is "No" for any of the above, please explain (attach additional sheets if needed)

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

( )

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone #**

( )

\_\_\_\_\_  
**email**

\_\_\_\_\_  
**Cell Phone#**



## Notice of Public Records Compliance

Contracts resulting from bid solicitations which include stipulations of a Pre-qualified Electrical Contractor will require 100% performance bonding for all electrical work elements within the project. All materials submitted in connection with any prequalification or bid are subject to public review and approval by the Board of Commissioners. Contractor acknowledges and agrees to such public review and approval.

With limited exceptions, all materials submitted become public records and are subject to the provisions of RCW Chapter 42.56. Any specific part of the Materials that is claimed to be confidential information or otherwise exempt from disclosure under the Act must be clearly identified as such by the Contractor by marking each page "PROPRIETARY AND CONFIDENTIAL" in capital letters and in a manner that makes the claim immediately obvious and identifiable. If a request is made for inspection, copying, or both of any Materials, the District will review the Materials to determine if any are marked "PROPRIETARY AND CONFIDENTIAL."

For Materials appropriately marked, the District agrees that it will notify Contractor of such request and provide at least five (5) days written notice of such request prior to public disclosure of the documents. The Contractor may take such efforts to assert or exercise any rights available to Contractor under the Act to prevent or limit such public disclosure or access at Contractor's sole and exclusive expense. Contractor agrees that Materials which are not so marked may be inspected, copied, or both by the public, at the District's discretion.

Acknowledgment of Notice:

Date: